

PO 10000063062

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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-06/22/01--01041--016
*****78.75 *****78.75

IMAGINATRIX,, INC

SUBJECT: _____

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

____ \$70.00 Filing Fee X \$78.75 Filing Fee & Certificate

FROM: _____

DIAN M EDWARDS

Name (Printed or typed)

1842 40TH TERR SW

Address

NAPLES, FL 34116

City, State & Zip

941-455-3047

Daytime Telephone number

FILED
01 JUN 22 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SMITH JUN 25 2001

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

IMAGINATRIX, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PO BOX 240

OLDSMAR, FL 34677

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED SHARES (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

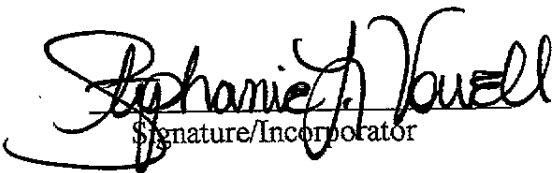
The name and Florida street address of the initial registered agent are:

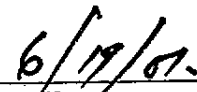
DIAN M EDWARDS
1842 40TH TERR SW
NAPLES, FL 34116

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

STEPHANIE L VOWELL
PO BOX 240
OLDSMAR, FL 34677



Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent


Date

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